

Serial Number 09/591177

Team 4 13

Date 1-20-01

**Data needed for keying this Application:
Please check what is wrong with the case**

Scanners

- 1. Application missing
- 2. Sheet's missing from Application, pages _____
- 3. Declaration / Oath missing
- 4. Drawing or Figures missing
- 5. Filing date not correct, should be _____ / _____ / _____

Classifiers

- 1. Group Art Unit, Class
- 2. Foreign Filing License Granted
- 3. Screening

RAM

- 1. Filing Fee not correct, should be \$ _____ code _____
- 2. Serial number was posted incorrectly, correct no. _____
- 4. No initial authorization to charge this account
- 5. Refund \$ 345 from code 101
- 6. Change of codes 101 \$ 690 to code 201 \$ 345
- 7. Check or Charge \$ _____ code _____
- 8. Claims are counted incorrectly
- 9. Preliminary Amendment adds or cancels claims/multiple claims deleted or added
- 10. Applicants is / is not entitled to Small Entity Fees

Customer Service

- 1. Customer Number

Team Cases

- 1. Revocation
- 2. Bad Bar Code Label
- 3. Wrong Status from _____ to status _____
- 4. Reset date on letter
- 5. Retention goes to Doshie
- 6. Express Abandon goes to Doshie

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 1-20-01

2 Serial/Patent # 09/591177

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ <u>345</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND

\$ 345

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

17-0053

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: D. Bates

TITLE: _____

SIGNATURE: D. Bates

PHONE: _____

OFFICE: OLPE

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS
[FORM NUMBER PTO-1577]

Fill out the form completely, and print or type all information.

1. **DATE OF REQUEST:** Enter the date you fill out the form.
2. **SERIAL/PATENT #:** Enter the Serial or Patent Number.
3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "Other" and print or type the fee type on the following blank line.
4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [PAPER NUMBER refers to the sequential number on the outside of the official file wrapper) assigned to the document. If the document has no number, leave this box blank.]
5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.
6. **AMOUNT:** Enter the dollar amount of the refund.
7. **TOTAL AMOUNT OF REFUND:** Add the dollar amounts in the column labeled **AMOUNT** and enter the total in the box.
8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK OR CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, stamped with the **FEES ACCOUNTABILITY STAMP** with the amount of the refund circled.
9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.
10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
11. **REFUND REQUESTED BY:** Only PTO personnel formally authorized to request refund should enter their **NAME, TITLE, PHONE NUMBER, OFFICE** and **SIGNATURE** on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

COPIES: **WHITE:** *Attach to the official file.*
 YELLOW: *Attach to the official file.*
 PINK: *Retain for originating office.*

Mail or hand-carry the completed form with attachment(s) to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**